GAMP Request for Admission/Continued Stay Authorization – Continuation

Last	First	Social Security No:
Admit Date:	T HOV	Control Number EA:
Contact Person:	Contact Person's phone number:	
Extension Dates for Admission/Continued Stay Authorization		
Date	Severity	Intensity

Fax Form to 289-8516 Utilization Management; (Telephone # 289- 6731)